



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * (866) 888-7130 (Fax)
www.sos.state.ga.us/plb/counselors

APPLICATION FOR ASSOCIATE PROFESSIONAL COUNSELOR
PERSONAL REFERENCE FORM
FORM D

INSTRUCTIONS: NO FAXED FORMS ACCEPTED

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Professional Counseling.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name: _____

PART II - REFERENCE

Name: _____

Address: _____
Street City State Zip Code

Day Phone: () Other Phone: ()

Relationship to Applicant: ☐ Teacher ☐ Supervisor

Dates of Teaching/Supervisory Relationship: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____
Agency/Institution: _____
Address: _____

RECOMMENDATION: I ☐ Recommend ☐ Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

Date Signature of Reference